FORM APPROVED
BUDGET BUREAU NO. 70-R218.2

FORM NO. AA-17a (9-61)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

For use when applicant has previously filed an application for a SPOUSE ANNUITY, an INSURANCE LUMP SUM, or INSURANCE ANNUITY on account of the deceased employee

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

ENTER EMPLOYEE'S RRB CLAIM NO. (IF NONE OR UNKNOWN, MAKE NO ENTRIES IN THIS SPACE)
A-705-10-7709

(DO NOT WRITE IN THIS SPACE)
OFFICIALLY FILED 311
010969
Contact Representative

Altoona - Region 3

I, BERTIE A ROBERTSON, hereby apply for any insurance annuity payable
(PRINT YOUR FIRST-MIDDLE-LAST NAME)
to me under the provisions of the Railroad Retirement Act, as amended.

INFORMATION ABOUT DECEASED EMPLOYEE

1 Name: STANLEY G ROBERTSON (PRINT FIRST-MIDDLE-MAIDEN LAST NAME IF FEMALE-LAST NAME) 705-10-7709 (SOCIAL SECURITY ACC'T. NO.)

2 Date and place of birth: 06 19 00 (MONTH-DAY-YEAR) PAW PAW (CITY OR TOWN) WV (STATE OR FOREIGN COUNTRY)

3 Date and place of death: 12 28 68 (MONTH-DAY-YEAR) CUMBERLAND (CITY OR TOWN) MD (STATE OR FOREIGN COUNTRY)

4 Was the deceased employee survived by:

(a) An unmarried child under age ~~18~~? NO (YES OR NO) If "Yes," give name and address of such child:

(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? NO (YES OR NO) If "Yes," give name and address of such child:

(NAME) (ADDRESS)

5 List *all* of the employment performed by the deceased employee during the 12 months before his death:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
None					

6 Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? NO (YES OR NO) If "Yes," give the following information:

(a) Kind of trade or business: _____

(b) Period of self-employment: From _____ To _____

INFORMATION ABOUT APPLICANT

7 If you are the deceased employee's widow, give your full maiden name: BERTIE VIGINIA AMICK

8 Have you ever had a social security account number of your own? Yes (YES OR NO) If "Yes," give:
BERTIE A ROBERTSON (NAME SHOWN ON YOUR SOCIAL SECURITY CARD) 220-16-5806 (SOCIAL SECURITY ACCOUNT NUMBER)

9 Your date and place of birth: 07 17 97 (MONTH-DAY-YEAR) CAPON (TOWN OR CITY)
MORGAN (COUNTY) WV (STATE OR FOREIGN COUNTRY)

10 Have you remarried since the death of the deceased employee? NO (YES OR NO) If "Yes," when did you remarry? _____ (MONTH-DAY-YEAR)

11 Have you received, or do you expect to receive, benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? NO (YES OR NO) If "Yes," give name of employee on whose account you received, or expect to receive, benefits and his RRB claim number:

_____

12 Are you receiving monthly benefits under the Social Security Act based on:

(a) Your own employment? YES (YES OR NO) If "Yes," give the amount $ 53.60

and date benefits began 07/59

(b) Any other person's employment (not your own or the deceased employee's)? NO (YES OR NO)

(c) If (b) is answered "Yes," give name of person on whose account you are receiving benefits and his social security account number: _____

13 Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? NO (YES OR NO)

If "Yes," give name of agency: _____

14 *In the present calendar year* did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act) NO (YES OR NO) If "Yes," give the following information:

(a) For the present calendar year, give:

NAME AND ADDRESS OF EMPLOYER OR KIND OF SELF-EMPLOYMENT	SHOW MONTH OR MONTHS IN WHICH YOU WORKED SINCE JANUARY 1 OF THIS YEAR BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE COLUMN											
	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(b) *If you were employed in the railroad industry this year (or expect to be so employed),* give the date last worked (and the months you still expect to work, if any) in such employment. If you have not worked and do not expect to work in such employment, write "None." _____

_____

(c) *For this entire year (January 1 through December 31)* do you expect your total earnings from employment for hire and self-employment to exceed $1200? _____ (YES OR NO) If "Yes," answer (1), (2), and (3) below:

(1) For this year I expect that my total earnings from employment for hire and self-employment will be $ _____

(2) List the months since January 1 of this year in which your monthly earnings did not exceed $100 and in which you did not render services as a self-employed person. (If none, write "None.") _____

_____

(3) Are you now working for more than $100 a month or rendering services as a self-employed person? _____ (YES OR NO)

15

Answer this question only if the employee died before January 1 of this year:

(a) *During the preceding calendar year* did you work in employment for hire?

NO (YES OR NO) If "Yes," give the following information about all such employment, including employment in the railroad industry:

NAME AND ADDRESS OF COMPANY OR PERSON FOR WHOM YOU WORKED	MONTHLY EARNINGS BEFORE DEDUCTIONS FOR INCOME TAX, SOCIAL SECURITY, ETC.					
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(b) *During the preceding calendar year* were you self-employed?_____ (YES OR NO) If "Yes," give the following information about such employment:

(1) Give your net earnings from self-employment for the preceding year: $_____

(2) State kind of trade or business: _____

(3) List the months of the preceding year in which you did *not* render services as a self-employed person. (If none, write "None.") _____

APPLICANT'S AGREEMENT

I. *A widow's or widower's insurance annuity is not payable to you for any month* in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.

II. *All or part of a widow's or widower's insurance annuity is not payable to you for one or more months* if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of $1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.

III. *A widow's or widower's insurance annuity ends* with the month before the month in which you remarry.

(QUESTIONS 16 AND 17 MUST BE ANSWERED)

16 Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above? Yes (YES OR NO)

17 Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act based on your own employment or the employment of any other person, or if, to your knowledge, you could receive such benefits upon filing an application? Yes (YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

1. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

2. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

SIGNATURE OF APPLICANT:

Bertie A Robertson
(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

39 BLOCKER ST
(STREET AND NUMBER)

RIDGELEY (CITY) MINERAL (COUNTY)

WV (STATE) 26753 (ZIP CODE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

738-9656
(IF NONE, WRITE "NONE")

DATE SIGNED 01 (MONTH) 09 (DAY) 69 (YEAR)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY ..... INDIVIDUAL ..... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

RRB FORM G-203 (8-67)

TELETYPE MESSAGE TO SSA

(RE: RRB JURISDICTION OF SURVIVOR CLAIM)

(CHECK ONE) DATE 1-19-69

☑ CHIEF P/C Chicago, Ill
(CITY, STATE)

☐ MANAGER DO SSA _____
(STREET ADDRESS) (CITY, STATE)

RRB HAS JURISDICTION RE Robertson S. C.
(FULL NAME OF W/E)

AN 705-10-7709 RN A 999 999 DD 12 28 68

FORWARD FORM OA-C1233RR RRB BDPA CHICAGO ILL

CLAIMS EXAMINER WL NAME

398 EXT

G-203 (8-67)

E OVER)

REQUEST FOR E/R ACTION

	CODE	REQUEST DATE	TYPE ACTION	BLOCK NUMBER	ACCOUNT NUMBER
TIREMENT BD	992	01 22 69	SUR	LC13401X	705-10-7709

		SEX	DATE OF BIRTH	DATE OF APPL.	TYPE CLAIM	DATE OF DEATH
G	A999999	M	06 19 00		D	12 ~~00~~ 68

MULTIPLE A/N	MILITARY SERVICE FROM	THRU	USE	MILITARY SERVICE FROM	THRU	USE	DATE OF ONSET

LAG INFORMATION FURNISHED BY DISTRICT OFFICE

MOUNT	EIN	TYPE	PERIOD	AMOUNT	EIN

R.R. SERVICE: RR 3

MO. ELECT:

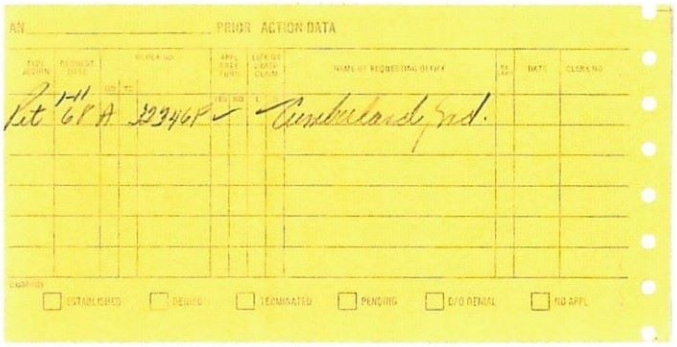
FORM 805:

AUXILIARY OR SURVIVOR DATA:

65250[illegible]

M N

E R


AN _____ PRIOR ACTION DATA

TYPE ACTION	PAYMENT DATE	VOUCHER NO.	APPL TYPE CODE	LETTER CERT CLAIM	NAME OF REQUESTING OFFICE	TO LOC	DATE	CLAIM NO
Ltr 68	A	23461			Cumberland, Md.			

CAUTION

☐ ESTABLISHED ☐ DENIED ☐ TERMINATED ☐ PENDING ☐ D/O DENIAL ☐ NO APPL

CERTIFICATION OF SERVICE AND COMPENSATION — BASIC AMOUNT AND PIA DETERMINATIONS

109400.84

1 A. NAME ON RECORD	B. NAME ON REQUEST	C. ACCOUNT NUMBER	D. R.R.B. CLAIM NUMBER	CD	E. ACC. OR REQ. CL. NUMBER	F. MASTER FILE EARMARKINGS SS	OASI	DISABILITY FREEZE	G.F.	AA-11A	UI-87	2 A. TOTAL TO DATE S.M.	COMPENSATION	B. TOTAL THRU YEAR ATTAINED AGE 65 S.M.	COMPENSATION	C. YEAR AGE 65	D. INAC. ACCT.	E. INAC. ACCT.	F. TYPE OF CLAIM
ROBERTSON		705 10 7709	A999999			X	67		TH			~~313~~ 314	~~100 472 44~~ 101 093 74	289	88 005 84	65			SURV

3 A. YEAR	B. MOS. SERV.	C. MONTHS EMPLOYED CODE	D. TOTAL Q.C.	E. MIL. SERV. Q.C.	F. COMP Q.C.	G. WAGE Q.C.	H. INC. YR.	I. D/D D/F	J. WAGES AND COMPENSATION	K. COMPENSATION	L. WAGES
1947	12				4					2741 44	
1948	12				4					3007 44	
1949	12				4					3065 44	
1950	12				4				14	3271 44	5808 70
1951	12				4					3448 44	
1952	12				4					3550 44	
1953	12				4					3540 44	
1954	12				4					3781 44	
1955	12				4					4040 44	
1956	12				4					4174 44	
1957	12				4					4183 44	
1958	12				4					4182 53	
1959	12				4					4514 78	
1960	12	7777			4					4800 00	
1961	12	7777			4					4715 36	
1962	12	7777			4					4283 68	
1963	12	7777			4					4900 00	
1964	12	7777			4					5328 45	
1965	12	7777			4					5396 02	
1966	12	7777			4					5997 63	
1967	12	7777			4					6468 97	
1968	1				1					619 70	
1969											
1970											5808 70

G. D O B MO.	YR.	H. D O D MO.	YR.	G. CREDITABLE MILITARY SERVICE	H. TOTAL THRU 1946	I. ADJ.	J. SERVICE AND COMPENSATION CERTIFIED THRU.
06	99	12	68		61 11 080 18		12-31-67

I. ANN. DATE Q	YR	APPL. DATE Q	YR	J. YR. LAST ACCT.	K. TOTAL INCLUDING MILITARY SERVICE	L. EMPLOYER NOS.	A D D.	M. PAYROLL IDENT. NUMBER(S)	N. DATE FORM PREPARED
1	68	1	68	67		1317		931	1 20 69

K. OCCUPATION FOR LAST 5 YEARS

ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR
029		67												

L. PRIOR S.M.	M. INCREMENT YEARS AFTER 1946	1937-46	N. GROSS RESIDUAL WITH MILITARY SER.	O. GROSS RESIDUAL O.M.A. TAX
46	21	5		~~7 142 62~~ 7 144 15

4 REMARKS

MONTHS EMPLOYED CODE
0 = NO SERVICE 4 = 3rd MONTH
1 = 1st MONTH 5 = 1st & 3rd MOS.
2 = 2nd MONTH 6 = 2nd & 3rd MOS.
3 = 1st & 2nd MOS. 7 = 1st, 2nd & 3rd MOS.

37-50 SM 109 66 175

37-50 COMP ~~23 165 94~~ 3914.64

1959 GROSS AMOUNT 4800 00

SS BENEFICIARY IND.

#66 AMEND.

5 MONTHS EMPLOYED (P.R.B.)

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

6 ENTITLEMENT DETERMINATIONS

A. 120 SERVICE MOS. YES ☑ NO ☐
B. CURRENT CONNECTION YES ☐ NO ☐
C. REQUIRED QTRS. COVERAGE
D. ACQUIRED QTRS. COVERAGE
E. INSURED STATUS: COMPLETELY ☑ FULLY ☑ PARTIALLY ☐ CURRENTLY ☐
F. FIRST QTR. INSURED 6-30-65
G. DATE ATTAINED RETIREMENT AGE 06-18-65

7 MILITARY SERVICE ☐ CREDITABLE ☐ NOT CREDITABLE

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

8

YEAR	B. MOS. SERV.	C. TOT. M/S Q.C.	D. M/S Q.C.	E. COMP Q.C.	F. WAGE Q.C.	G. INC. YR.	H. D/D D/F	I. WAGES AND COMPENSATION	J. COMPENSATION	K. WAGES
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										

9 TRIAL COMPUTATIONS — RRB * PRE 66 AMEND.

C/D	DIVIDEND	D/M	AMW	I/Y	BASIC AMT./PIA/ANN.	FORMULA	BASIC AMT./PIA.
~~1 65~~	~~82 609 82~~	336	245 00	28	78 16	BA*	73 15
1 68	100 472 44	372	270 00	28	82 25	BA*	76 99

TRIAL COMPUTATIONS — SSA 1967 1965

1	68	45	465	64	108	420 00		158 20	58		140 00

2 23 66
#01 5808.70
5700
108
5808.70

RECEIVED FEB 1 1 1969 SURVIVOR

RRB FORM G-10 (11-67)

10 RAILROAD RETIREMENT ACT – COMPUTATIONS

CLOSING DATE	WAGES AND/OR COMPENSATION	DIVISOR	AVERAGE MONTHLY WAGE	INC. YRS.	BASIC AMT. O	BASIC AMT. N
1-65	9141.52	336	—	32		
1-68	10925.14	372	293.69	32		
1-69	10990.84	372	295.00	32		89.05 X
1-71						

11 SOCIAL SECURITY ACT – COMPUTATIONS

METHOD: 1938 1950 1965					PIA
1-1-					
1-1-					
1-1-					
1937 PIA FORMULA				1937 PIA	
1-1-					
1-1-					
1-1-					
1937 PIA FORMULA				1937 PIA	
PIA FORMULA – OLD [ ]		REV. [ ]	PIA METHOD [ ]	PIA	

COMP. MXGR

VER. eep X eep

12 I CERTIFY THAT THIS REPORT OF SERVICE AND COMPENSATION AND RELATED DATA IS CORRECT ACCORDING TO THE PROVISIONS OF THE RAILROAD RETIREMENT AND SOCIAL SECURITY ACTS AND TO THE RECORDS OF THE BUREAU OF DATA PROCESSING AND ACCOUNTS. THE USE OF THIS DATA TO DETERMINE ELIGIBILITY FOR AND THE AMOUNT OF RETIREMENT OR SURVIVOR BENEFITS IS AUTHORIZED.

2-4-69 B. Stanley
DATE FOR DIRECTOR DATA PROCESSING AND ACCOUNTS

MAXIMUM CREDITABLE COMPENSATION

PERIOD	MONTHLY AMOUNT	ANNUAL AMOUNT
1937 - 1953	$300	$3600
1/1/54 - 6/30/54	300	3900
7/1/54 - 12/31/54	350	
1955 - 1958	350	4200
1/1/59 - 5/31/59	350	4550
6/1/59 - 12/31/59	400	
1960 - 1962	400	4800
1/1/63 - 10/31/63	400	4900
11/1/63 - 12/31/63	450	
1/1/64 - 12/31/65	450	5400
1/1/66 and thereafter	550 (or an amount equal to 1/12 of current maximum annual taxable wages.)	6600

MAXIMUM WAGES and/or SELF EMPLOYMENT

PERIOD	AMOUNT
1/1/37 - 12/31/39	$3000 for each employer
1/1/40 - 12/31/50	3000
1/1/51 - 12/31/54	3600
1/1/55 - 12/31/58	4200
1/1/59 - 12/31/65	4800
1/1/66 and thereafter	6600

B FORM T-364 (1-68)

NUAL COMPUTATION WORK SHEET FOR SURVIVOR ANNUITY

1. 1966 BASIC AMOUNT – $ 89.05 (☐ AMR ☐ AMC ☐ AME) (INC. YRS.)

CLAIM NO. W A

EMPLOYEE SSA NO. 705 10 7709

SPOUSE MINIMUM – 1966 RATE $ _____ (EMP. AMC) (TABLE INC.) X 50% = (INCREASE)

3. JOINT AND SURVIVOR – 1966 RATE $ _____ (EMP. AMC) (TABLE INC.) X (% FACTOR) X (OPTION) = (INCREASE)

4. ☒ AMW ☐ AMC ☐ AME 420 → 20.90 TABLE INCREASE	SYMBOL	W				M		
	BIRTH DATE							
5. BASE RATE – (Widow – BA, Spouse Minimum or J&S Rate) (Child or Parent – 2/3 X BA) Adjust for Maximum or Minimum			89.05					
6. INCREASE – Item 4 X 82.5% for widow/parent or 75% for Child. Spouse Minimum – Item 2. J&S – Item 3. (If not entitled to SS benefit, add increase (if it exceeds $5) to item 5. Enter total in rate column. Skip items 7, 8, and 9.)		17.24						
7. REDUCTION FOR SS ACT BENEFIT – Spouse Minimum and J&S – 11.5% of SS benefit. All others – 17.3% of SS benefit. (Reduce increase by reduction. If reduced increase is $5 or more, add it to item 5. Enter total in rate column. Skip items 8 and 9).	SS BENEFIT	52.60						
	REDUCTION	9.96						
		7.28	96.33					
8. MINIMUM INCREASE – (If not entitled to SS benefit or annuity is a spouse minimum or J&S, add $5 to item 5. Enter total in rate column. Skip item 9.)		$5.00		$5.00		$5.00		$5.00
9. REDUCTION OF MINIMUM FOR SS BENEFIT – 5.8% of item 5 or 5.8% of SS benefit whichever is less. (Reduce minimum by reduction. Compare with reduced increase in item 7. Add whichever is higher to item 5. Enter the total in the rate column for the higher increase.)	REDUCTION							
10. REDUCTION FOR M/S – Ratio _____ %								
11. ACTUARIAL REDUCTION								
12. WAIVER								
13. FINAL ADJUSTED RATE (Rounded)			96.35					10/65

14. REMARKS

RL-43a
(10-66)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

MAR 3 - 1969

BUREAU OF RETIREMENT CLAIMS

Bertie A. Robertson
39 Blocker Street
Ridgeley, West Virginia 26753

WHEN WRITING TO THE BOARD, ALWAYS GIVE
THE DECEASED EMPLOYEE'S NAME and THIS CLAIM NO. → Stanley G. Robertson
A-705-10-7709

You have been awarded a widow's insurance annuity under the Railroad Retirement Act.

The beginning date of this annuity is . . . December 1, 1968
The monthly rate of this annuity is $104.55

This was the monthly rate of the wife's annuity which was payable to you for months before December 1968, except that this amount has been increased by five cents.

You will continue to receive a monthly check during the first week of each month, covering the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this letter and any other material you have regarding your claim.

Very truly yours,

D. M. Smith
Director of Retirement Claims

541

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

2-19 NH

FORM RR-4 SUP. (3-66) W1

RAILROAD RETIREMENT BOARD
DISPOSITION REPORT OF FORM RR-4

1 ☐ EMPLOYEE ☐ SPOUSE ☒ SURVIVOR ☐ DISABLED CHILD

$ _____ SSA RATE $ _____ RRB RATE

NAME AND ADDRESS
Bertie A Robertson
39 Blocker St
Ridgeley, W V 26753

2 RRB CLAIM NO. A-705-10-7709

3 DATE RELEASED 01-13-69

4 SOCIAL SECURITY ACCOUNT NO. 220-16-5806

5 DATE OF BIRTH 07-17-97 ☐ DIB

6 POTENTIAL AUXILIARY BENEFICIARIES ☐ WIFE
CHILD: ☐ UNDER AGE 18 ☐ DISABLED ☐ STUDENT

7 NAME ON SSA CARD Bertie A Robertson TELEPHONE NO. 738-9656

8 ☐ RR-90 ATTACHED ☒ NOT REQUIRED

9 D/O STATUS REPORT DUE DATE 02-27-69

10 REMARKS W/E Widow: Stanley G Robertson

11 DISPOSITION BY DP & A Informational ☑ P.C. Philadelphia, Pa. 19108
(CITY) (STATE) (ZIP CODE)

RR-4 SENT TO:
☐ D/O _____
(STREET ADDRESS)
(CITY) (STATE) (ZIP CODE)

INFORMATIONAL OA-C794 ATTACHED ☑ BY J. Philips DATE 4/4/69

Return This Form To:

Railroad Retirement Board

FORM OA-C794 (9-68)

EARNINGS CERTIFICATION - P.I.A. DETERMINATION

1 ACCOUNT IDENTIFICATION

ACCOUNT NUMBER	SOURCE	NAME	DATE OF BIRTH MO.	DAY	YR.	EST.	SEX
220 16 5806	REQ FORM	FORFET	07	17	97		U
MULTIPLE AN'S	BOPA RECORDS						F

PERTINENT DATES

FILING MO.	DAY	YR.	DEATH MO.	DAY	YR.	ONSET MO.	DAY	YR.	MO ELECT MO.	YR.
03	PR	69								

MILITARY SERVICE DATES

FROM: TO:

OAA INFORMATION

TYPE	PERIOD	AMOUNT VOID	TYPE	PERIOD	AMOUNT VOID

WORK DED AND SUSPENSION INFORMATION

YR.	AMOUNT	SERVICE MONTHS

5 BOPA CAUTION SIGNALS

CA	EB	X	NIF NYE	CR IND EN	DC	SE AG IND	EDP CODES	DS	FS IND	151	OTHER
							0063R 16		50	01	874 J1

TYPE OF ACTION: RET

BLOCK NUMBER: SW5242955

6 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB. F/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

2 SELECTED EDP BENEFIT COMPUTATION AND TRIAL-COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB F/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA RETRO	PIA CURR
OS 67	1937	1967	13575.42		37-60	228				71.50E
NS 65	55.CC	NS/DO ELG	55.00							
OS DO ELG	69.00								RED MOS	REDUCED BENEFITS

7 I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 3, AND 6 ARE CORRECT ACCORDING TO THE LAW OR THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

INFORMATIONAL

WILLIAM E. HANNA, JR.
DIRECTOR

DATE 4/4/69 BY J. Phillips

CORRECTIONS IN BLOCKS 3 AND 6

3 EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS

REQUIRED QC FULLY YR	SPEC YR	MIN	HAS QC	FIRST ELIG	C/I	MAX QC	DISABILITY MET 20/40 TEST	ALL 31 YEARS	30/40 20/40	ALL 31
8			39	55						

QC AND EARNINGS TOTALS

TOT SE QC	TOT AE QC	WAGE QC AFTER 49	WAGE QC AFTER 50	TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950
		23	10	13575.42	1885.10

YR	EARNINGS	U	QC/SM	YR	EARNINGS	U	QC/SM	SE	AG	YR	EARNINGS	U	QC/SM	SE	AG
37		H	NNNN	48	2235.87	H	CCCC			4800 59			NNNN	0	0
38		H	NNNN	49	834.67	H	CCNC			60			NNNN	0	0
39		H	NNNN	50	1434.32	X	CCNN			61			NNNN	0	0
3000 40		H	NNNN	3600 51	111.00	H		0		62			NNNN	0	0
41		H	NNNN	52	866.00	H		0		63			NNNN	0	0
42	150.06	H	NCNN	53	636.00	H	CCCN	0		64			NNNN	0	0
43	697.95	H	NCCC	54		X	NNNN	0		65			NNNN	0	0
44	1262.64	H	CCCC	4200 55	272.10	H	CCNN	0	0	6600 66			NNNN	0	0
45	1479.35	H	CCCC	56			NNNN	0	0	67			NNNN	0	0
46	1642.75	H	CCCC	57			NNNN	0	0	7800 68			NNNN	0	0
47	1952.71	H	CCCC	58			NNNN	0	0	69			NNNN	0	0

8 PERTINENT RRB INFORMATION

NAME	DB MO	DB YR	YLP	1937 TO DATE SM	1937 TO DATE COMPENSATION	GROSS RESIDUAL

INV	120	ANN	RNEL	RELM	RB-92	OTHER
						RR SPD

9 DO, PC OR BDI REMARKS

RDC320

BOPA REMARKS

A CLAIM STATUS

"See attached MBR print out for correct PIA."

☐ LAG QC PRESUMED FOR _____

PRIOR ACTION ☐ OASI ☐ DISABILITY

TO _____ DATE _____

☐ SEE SCOUT REPORT ATTACHED

4 AUXILIARY OR SURVIVOR BENEFIT DATA

ACCOUNT NUMBER	DATE OF BIRTH MO	DAY	YR	MO ELECT MO	YR	RELATIONSHIP MO	DAY	YR	TYPE	XR ACCOUNT NUMBER	STAT	LUMP SUM	FAMILY COMPOSITION

10 DO, PC OR BDI CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB F/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

5117

RRB FORM G-663 (4-68)

CODE SHEET (SURVIVORS)

CLAIM NO. (COLS. 2-11): A 703-07-709

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

COLUMN 20 TYPE OF ACTION	CODE	COLUMN 22 STATUS OF APPLICATION	CODE	COLUMN 23 TYPE OF DISPOSITION	CODE	COLUMN 24 TYPE OF APPLICATION	CODE
RECEIPT	7	NEW APPLICATION	0	FINAL CERTIFICATION	0	AA-17 or AA-17a	1
DISPOSITION	8	REACTIVATED	1	CLOSED WITHOUT AWARD	1	AA-17b and AA-17 or AA-17a	8
		RECERTIFIED	2	PARTIAL CERTIFICATION	5	AA-18	2
						AA-19	3
						AA-19a	4
						AA-19s	7
						AA-20	5
						AA-21, AA-21a, G-126, AA-3	6

25 - 26 NO. OF APP.

RECEIPTS

21	22	23	24	25	26	/	CLERK
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					

DISPOSITIONS

21	22	23	24	25	26	DATE 32	33	34	35	36	37	G-184 69	PRODUCTION REPORT I 71	D 72	EXAM 73	74	75	I 76	D 77	AUTH 78	79	80	/	CLERK
3																								
3																								
3																								
3																								
3																								
3																								
3																								
3																								
3																								

SECTION II - TICKLER DATES

CODE (19)	ORGANIZATION UNIT
0	D & H
2	SCREENING
5	SB
6	SA
8	P & A
W	WRP
X	SQI
	SPECIAL CODES
N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
11	INVESTIG. OF EMP. & EARN.
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE

CODES (16-17)	CODES (19)	CALL-UP DATE	EXAM.	/	DATE COMPLETED	EXAM.	
				/			
				/			
				/			99
				/			99
				/			99
				/			
				/			
				/			

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV - NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

G-663 (4-68)

RRB FORM G-364e (7-70)

DETERMINATION OF AWARD

INSURANCE ANNUITY

1. VOUCHER NO. 10 22 70 888

2. ⑧ ☐ FINAL CERT. ⑧ ☐ SUSP./REINSTATE. ⑥ ☐ PARTIAL CERT. ⑦ ☐ REINST.-RECERT. ① ☒ RECERT. ⑦ ☐ SUSP./REINSTATE. RECERT. FORM PARTIALLY COMPLETED ③ ☐ REINSTATE. ⑤ ☐

3. CLAIM NO. HA

4. DECEASED EMPLOYEE

5. EMPLOYEE'S SSA NO. 705-10-7709

6. EMPLOYEE'S MARITAL STATUS AT DEATH
MALE' ⑧ ☐ MARRIED ① ☐ S.W.D.
FEMALE ② ☐ MARRIED ④ ☐ S.W.D.

7. DATE OF BIRTH

8. DATE OF DEATH 12-68

9. RRA ①☒ COMPLETELY INSURED ④☐ PARTIALLY INSURED

12. MILITARY SERVICE REDUCTION
(A) MONTHS OF M/S: TOTAL MONTHS OF SERVICE:
(B) INCREASE RESULTING FROM M/S $
(C) AMOUNT OF OTHER BENEFITS $
(D) M/S RATIO: REDUCTION $

10. BENEFICIARY DATA PC	SYM	RELATIONSHIP OR NAME	DATE OF BIRTH	DATE CLAIM FILED	CHECK BOX	CHECK T	SSA NUMBER OWN OR OTHER	55 BENEFIT ① 1967 RATE ⑤ 67% × 1968 RATE	1969 55 BEN.	REDUCTION EFFECTIVE MO. YR.
1	W		07-17-97		X		220 16 5806	$ 57.60 ☒⑤ ☐⑧	$ 68.00	12-68
								$ ☐① ☐④	$	
								$ ☐① ☐④	$	
								$ ☐① ☐④	$	
								$ ☐① ☐④	$	

AMR / AMC / MO. EARN. $295.00 | INC. YRS. 32 | BASIC AMOUNT $ 89.05

MAXIMUM ☒ $207.15 ☐ $

10. SPOUSE MINIMUM (ROUNDED) ⑥☒ $ 111.35 AMC $ 299

11. SSA | AMW $ 420 | PIA $ 182.00

O/M MAXIMUM ⑥☐ TABLE MAX.$ NO 1P1 ⑨☐

⑨☐ SAVING CLAUSE $ ⑨☐ 1P1

13. MILITARY SERVICE USED | M/S BEFORE 1937 OR AFTER 8-63 | M/S AFTER 1936 AND BEFORE 7-63
USED-NO REDUCTION ⑧☐ ⑥☐
USED REDUCTION ⑧☐ ⑦☐
NOT USED ①☐ ⑨☐

14. ORIGINAL ANNUITY BEGINNING DATE 12-01-68

15. PORTION OF ANNUITY WAIVED ⑨☐

17. RR ACT FORMULA COMPUTATION

PC	SYM	BASIC RATE	TABLE OR MIN. INC. (+)	RED. FOR 1967 55 BEN. (-)	ANN. BEFORE 1970 INCREASE	1970 INCREASE (+)	RED. FOR 1969 55 BEN. (-)	RED. FOR AGE (-)	RED. FOR M/S (-)	RR FORMULA ANNUITY (UNROUNDED)
1	W	$ 104.55	$	$	$ 104.50	$ 15.68	$ 8.84	$	$	$ 111.34

18. SS ACT FORMULA COMPUTATION

ORIGINAL BENEFIT	OTHER BEN. ① ☐ RR ③ ☐ SS	RED. FOR AGE	ADJUSTED BENEFIT	TOTAL O/M GUARANTY
$	$	$	$	(A) TOTAL OF ORIGINAL BEN. COLUMN $
				(B) TOTAL OF ADJUSTED BEN. COLUMN $
				(C) 10% × (A) $
				(D) TOTAL GUARANTY (B) + (C) $

19. MONTHLY ANNUITY

RR ☐ O/M ☒ (UNROUNDED)	ACTUARIAL ADJUST.	MONTHLY ANN. PAYABLE (ROUNDED)
$ 111.34	$	$ 111.35

23. PAYMENT SUMMARY

PC	SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	AMOUNT	NET AMOUNT DUE
1	W	$ 111.35	01-01-70	08-31-70	$ 890.80	$ 104.55	01-01-70	08-31-70	$ 836.40	$ 54.40

RECOVERY FOR ④ RUIA $ SSA $

24. SMIB CODE 7 | 25. SMIB EFFECTIVE DATE | SMIB PREM. ▶ $

20. AGE REDUCTION COMPUTATION
(A) RR FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $ } $
(B) O/M FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $ } $

21. SMIB ENROLLMENT CODES
① 1ST ENROLL. ② NO RESPONSE ③ NOT ENROLLED ④ 1ST TERM. PREM. PAID BY STATE ⑤ DUAL ANNUITANT
⑤ 2ND ENROLL. ⑥ 2ND TERM. ⑦ SSA JURISDICTION

22. REMARKS

BENEFICIARIES IN P/S FOR THIS PC 01
TOTAL FAMILY IN P/S AND SUSP 01

26. CERTIFICATION OF PAYMENT — ONE PAYMENT ONLY ☐ — RECURRING PAYMENT ☒

PAYEE CODE 1 — NAME & ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW

10-01-70 CK
BERTIE A ROBERTSON
139 BLOCKER ST
RIDGELEY WV 26753

11-01-70 CK

10-22-70 CK

LAST PREVIOUS MONTHLY RATE	$ 111.35
MONTHLY RATE OR SHARE	$ 111.35
SMIB PREMIUM	$
MONTHLY RATE PAID	$ 111.35
NET AMOUNT PAID	$ 54.40

REPRESENTATIVE PAYEE:
A. Court appointed payee ①☐
B. Payee-neither court appointed nor parent for child ①☐
C. Parent for child(ren) ①☐

RESEARCH USE

CLAIMS EXAMINER 800 | DATE | COMPUTER | DATE | AUTHORIZER 800 | DATE

REPRODUCED FROM BEST AVAILABLE COPY

1971 PRA AMEND ADJUSTMENT EFFECTIVE JAN 1, 1971

RUIA RECOVERY CLAIM NO. A - 705-10-7709

PC	BEN	1970 COMP	REDUCTIONS AGE	RS	ACT	SMIB	RATE AFTER SMIB CLC	NEW	SEP 1 CHECK
1	W	111.30					111.35	122.45	200.15

PAY CODE	TYPE BEN.	BEFORE SMI	SMI PREM.	AFTER SMI	DATE	SMI DE
1	WA	146.95	5.80	141.15	04-01-73	

MONTHLY RATES

ADJUSTMEN

FORMER SSA HI NUMBER	HIB EFF. DATE	CURRENT SMI		BEGA
		EFF. DATE	CODE	
220-16-5806 A	07-66	07-66	1	

TER

MECHANICAL ADJUSTMENT

TRANSFERRING SMI PREMIUM COLLECTION

FROM SSA TO RRB

A 7

MECHANICAL ADJUSTMENT

1972 R.R. ACT AMENDMENTS

(20% INCREASE)

CLAIM NUMBER

A 705-10-7709

OF	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
	OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
N	122.45	146.95	09-72	11-01-72		171.45

	1972 COMP. RATE	REDUCTIONS		
		AGE	MIL. SER.	ACT. ADJ.
O	146.88			

E OF	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
	OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.

	1972 COMP. RATE	REDUCTIONS		
		AGE	MIL. SER.	ACT. ADJ.

T-3 (11-72)

MECHANICAL ADJUSTMENTS

'/1973 RR ACT & 12/1973 SS ACT AMENDMENTS

(11% INCREASE IN TWO STEPS)

TYPE	CLAIM NUMBER
O/M	A 7 0 5 - 1 0 - 7 7 0 9

OM PIA	6/74 PT PIA		74 SPC MIN		SS SAV	RIB LIMITATION ON WIA		EE
PIA	AMW	PIA	YC	PIA	CL MAX	RED RATE/INC	82½% PIA	DRC
266.80	421	266.80	31	180.00				

FORE SMI		ADJUSTMENT CHECKS			72 COMP	REDUCTIONS			
ATE	EFF	DATE	SMI	AMOUNT	RATE	AGE	SS BEN	ACT AJ	MIL SERV
10	3-74				134.51		100.90		
40	6-74	9-3-74	6.70	250.30	134.51		105.10		

FORE SMI		ADJUSTMENT CHECKS			72 COMP	REDUCTIONS			
ATE	EFF	DATE	SMI	AMOUNT	RATE	AGE	SS BEN	ACT AJ	MIL SERV

T 12 (12 1974)

LAR 1972 PIA	SPEC. MIN. PIA		REDETERMINATION SAVING CLAUSE MAX.	CLAIM NUMBER
PIA	YRS.COV.	PIA		
240.30	31	170.00		A 705-10-7709

ARF NOT CONSIDERED IN ADJUSTMENT

MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
141.15	165.10	01-73	06-01-73	5.80	260.90

REDUCTIONS		S S CLAIM NO. AND SUFFIX	RIB LIMIT ON WIA	
S S BEN.	ACT. ADJ.		EE RED. RATE	82½% x PIA
93.50		220-16-5806 A		

MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.

REDUCTIONS		S S CLAIM NO. AND SUFFIX
S S BEN.	ACT. ADJ.	

RRB FORM G-96 (4/75)

TERMINATION OR SUSPENSION OF PAYMENTS; DELETION OF HI RECORDS

PRINT LIKE THIS: 1234567890

010

CLAIM SYMBOL & PREFIX 1	SYM	M	W	WC	J	P	PREF	A	D	H	CLAIM NUMBER 2	SSA
		X	X	X	X	X		X	X	X		705 10 7739

VOUCHER NUMBER 3	NAME OF PAYEE OR HI BENEFICIARY 4
	Bertie A Robertson

PAYEE CODE 5 01

MONTHLY RATE 6 [illegible]

TERMINATION, SUSPENSION, DELETION CODE 7 41

TERMINATION CODES

SURVIVOR

- *41 DIED.
- *42 CHILD ATTAINED AGE 18; DISABLED CHILD RECOVERED; STUDENT ATTAINED AGE 22; OR DISABLED WIDOW RECOVERED.
- *44 CHILD MARRIED OR ADOPTED; WIDOW OR PARENT REMARRIED.
- *46 ENTITLED TO EQUAL OR GREATER BENEFIT.
- *47 STUDENT CEASED FTA.
- 61 APPLICATION OR AWARD CANCELLED.

SPOUSE

- ✓ 51 DIED.
- 53 NO LONGER HAS CHILD IN HER CARE.
- 57 DIVORCED.
- 59 ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.
- 61 APPLICATION OR AWARD CANCELLED.

EMPLOYEE

- ✓ 01 DIED.
- 08 DISABILITY ANNUITANT RECOVERED.
- 61 APPLICATION OR AWARD CANCELLED.

62 DELETION FOR CORRECTION CODE (SURVIVOR, SPOUSE, EMPLOYEE)

SUSPENSION CODES

SURVIVOR

- *11 IN EMPLOYER SERVICE
- *12 UNDER AGE 72 - EARNINGS IN EXCESS OF ALLOWABLE MAX.
- *14 WIDOW DOES NOT HAVE ENTITLED CHILD IN HER CARE.
- 16 PAYEE NOT DETERMINED.
- 16 WITHDRAWN FOR INVESTIGATION.
- 16 RECOVERY OF ERRONEOUS PAYMENT
- 16 OTHER (SEE "REMARKS")

SPOUSE

- 52 IN EMPLOYER SERVICE.
- 58 EMPLOYEE BENEFIT SUSPENDED.
- 56 OTHER (SEE "REMARKS")

EMPLOYEE

- 02 RETURNED TO EMPLOYER SERVICE – SUP ANN ENTITLEMENT NOT AFFECT.
- 05 RETURNED TO EMPLOYER SERVICE – SUP ANN. TERM.
- 07 RETURNED TO LPS.
- 09 DISABLED ANNUITANT EARNED OVER $200 IN A MONTH.
- 06 OTHER (SEE "REMARKS").

CODES FOR DELETION OR CORRECTION OF HI RECORDS ONLY

- *01 EMPLOYEE HI BENEFICIARY DIED.
- *12 RECORD STATUS CHANGED TO "ANNUITY IN SUSPENSE."
- *29 STATE BUY-IN ACCRETION.
- *41 SURVIVOR (IPI) HI BENEFICIARY DIED.
- *44 WIDOW OR PARENT HI BENEFICIARY REMARRIED.
- *51 SPOUSE HI BENEFICIARY DIED.
- *57 SPOUSE HI BENEFICIARY DIVORCED.
- *59 SPOUSE HI BENEFICIARY TERMINATED BECAUSE ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.
- *61 APPLICATION OR AWARD CANCELLED.
- *65 DISABILITY HI BENEFICIARY RECOVERED.

*SHOW BENEFICIARY'S DOB
✓SHOW BENEFICIARY'S DOB IF AGE 64 AND 8 MONTHS 8 — MONTH 07 DAY 17 YEAR 97

ENTER "X" IF DELETING HI RECORDS ONLY 9 X

ENTER "X" IF TERMINATING OR CONSTR. AWARD, OR SUP ANN TAX CREDITS BEING DELETED FOR PERIOD BEFORE MONTH INDICATED BY A PRIOR TERMINATION OR SUSPENSION 10 X

SHOW DATE (1) PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED, (2) HI COVERAGE TERMINATED, OR (3) SUP ANN TAX CREDITS DELETED 11 — MONTH 09 YEAR 76

Code	Reason for adjustment	Code	Reason for adjustment
151	Deduct for SMI	167	Child employed
152	Stop deducting for SMI	168	Child ceased employ.
161	SSA benefits	169	Payee has excess earnings
162	Wife entit. to MA	170	Family member (not payee) has excess earnings
163	Entit. to SUP ANN	199	Other
164	Child age 18		
165	Child married		
166	Child no longer FTS		

CODE FOR RELEASE OF SUSPENSION NOTICE 12

AFT — FOR PAYMENT RECORDS USE ONLY 13 — MONTH YEAR

REMARKS 14

PREPARED BY:	UNIT:	DATE:

G-96 (4/75)

RRB FORM NO. G-194
(11-63)

FIELD REPORT OF DEATH AND/OR REPORT OF RETURNED CHECK(S)

INSTRUCTIONS: WHERE DEATH OF AN EMPLOYEE IS BEING REPORTED, FILL IN ITEMS 1 THROUGH 14. WHERE DEATH OF AN ANNUITANT OR PENSIONER IS BEING REPORTED, FILL IN 1 THROUGH 8 AND ITEM 14, IF APPROPRIATE. IF CHECKS OF A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, ALSO FILL IN ITEMS 15 THROUGH 18. WHERE CHECKS OF A PERSON OTHER THAN A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, FILL IN ITEM 1 AND ITEMS 15 THROUGH 19. ITEM 20 IS TO BE COMPLETED IN ALL CASES.

1. CLAIM NO. (IF ASSIGNED)
A-705-10-7709

2. SOCIAL SECURITY ACCOUNT NO. OF EMPLOYEE
705-10-7709

3. NAME OF EMPLOYEE
S & ROBERTSON

4. NAME OF DECEASED PERSON
BERTIE A ROBERTSON

5. DATE OF DEATH
09-12-76

6. ADDRESS AT TIME OF DEATH
39 BLOCKER ST
RIDGELEY WV 26753

7. STATUS OF DECEASED PERSON UNDER RR ACT
☐ EMPLOYEE ☐ EMPLOYEE ANNUITANT
☐ SPOUSE ANNUITANT ☒ INSURANCE ANNUITANT ☐ PENSIONER

8. SOURCE OF INFORMATION
SON
NAME OF INFORMANT RELATIONSHIP TO DECEDENT

ADDRESS OF INFORMANT

9. EMPLOYEE'S DATE OF BIRTH

10. OCCUPATION

11. LOCATION

12. NAME OF LAST EMPLOYER

13. DATE LAST WORKED

14. ACTION TAKEN BY FIELD (AND REMARKS, IF ANY)

NO ACTION REQUIRED

SON HAS BEEN INSTRUCTED TO RETURN CHECK

THE CHECK(S) DESCRIBED BELOW WERE RETURNED TO THE TREASURY DEPARTMENT

15. CHECK NUMBER	(A)	(B)	(C)
16. DATE OF CHECK	(A)	(B)	(C)
17. AMOUNT	(A)	(B)	(C)
18. NAME OF PAYEE			
19. REASON			

20.
DATE 09-24-76 SIGNATURE Charles E Hamm
FIELD OFFICE ALTOONA PA TITLE C/R

G-194 (11-63)

RRB FORM NO. G-24 (10-55)

CLAIM NUMBER
A 705-10-7709

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED _____

RELEASED TO _____

OTHER ACTION: No RLS Dup

SEP 30 1976
(DATE)

(EXAMINER)

RRB Chicago

XEROX FORM G-96 (4/73)

DEPARTMENT OF THE TREASURY
DIVISION OF DISBURSEMENT
CHICAGO, ILLINOIS

Check No. 29,039,758
SYMBOL 2074

RAILROAD RETIREMENT BOARD
RETURNED CHECK NOTICE
TERMINATION OR SUSPENSION OF PAYMENTS

10-7-76
Date Returned

5-51
000

PAY TO THE ORDER OF BERTIE A ROBERTSON
39 BLOCKER ST
RIDGELEY WV 26753

WA705107709
58

DOLLARS	CTS.
$***268	91

RR REG ANN

MONTH	DAY	YEAR
10	01	76

41
9-76

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER -- REQUIRE IDENTIFICATION

NOT NEGOTIABLE

⑈0000⑈0051⑈

TERMINATION

INSURANCE ANNUITANT

Prefix JA, W or WC

- ☐ 41 Beneficiary died
- ☐ 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability
- ☐ 44 Beneficiary (child) married or adopted, or widow or parent remarried
- ☐ 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability
- ☐ 45 Widow's current annuity terminated

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 51 Spouse died
- ☐ 53 Spouse under age 65 no longer has "child" in her care
- ☐ 57 Spouse divorced
- ☐ 59 Annuitant's or pensioner's benefit terminated

RET. ANNUITANT OR PENSIONER

SUSPENSION

INSURANCE ANNUITANT

Prefix JA, W or WC

- ☐ 11 Beneficiary in employer service
- ☐ 12 Beneficiary under age 72—earnings exceed $1200 per year
- ☐ 14 Widow does not have entitled child in her care
- ☐ 16 Payee not determined
- ☐ 16 Withdrawn for investigation
- ☐ 16 Recovery of an erroneous

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 52 Spouse worked in employer service
- ☐ 58 Annuitant's benefit suspended
- ☐ 56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

Prefix A or H

- ☐ 02 Annuitant returned to employer service

RRB FORM G-660 (6-73)

CODE SHEET – APPLICATIONS & TICKLERS

CLAIM NO. (COLS. 2-11) A 705 107 709

SECTION I – STATUS AND DISPOSITION OF APPLICATIONS

COLUMN 21 – TYPE of APPLICATION

	CODE
AGE AND SERVICE ANN.	0
SPOUSE ANN.	1
RET. DISABILITY ANN.	2
SUPPLEMENTAL ANN.	6
RET. DIS. MEDICARE	7
SURVIVOR ANN.	3
SURV. DIS. MEDICARE	8

COLUMN 22 – STATUS OF APPLICATION

	CODE
NEW APPLICATION	0
REACTIVATED	1
RECERTIFIED	2

COLUMN 23 – TYPE OF DISPOSITION

	CODE
FINAL CERTIFICATION	0
CLOSED WITHOUT AWARD	1
PARTIAL CERTIFICATION	5
SUP. ANN. RED. TO ZERO	6

COLUMN 24 (COMPLETE IF COL. 21 IS "3", "7", OR "8")

APPLICATION NUMBER	CODE
AA-1d	0
AA-17, or AA-17a, or G-476c	1
AA-17b, or AA-17b and AA-17 or AA-17a	8
AA-18	2
AA-19	3
AA-19a	4
AA-19s	7
AA-20	5
AA-21, AA-21a, G-126, AA-3	6

RECEIPTS						DISPOSITION																												
		IF 21 IS '3' '7' '8'	NO. OF APPL.		CLERK					NO. OF APPL.		CODING DATE						ANN. BEG. DATE						G-183		PRODUCTION REPORT EXAM			AUTH			CLERK
21	22	24	25	26		21	22	23	24	25	26	32	33	34	35	36	37	38	39	40	41	42	43	69	70	73	74	75	78	79	80	
6						6																										

SECTION II - TICKLER DATES

ORGANIZATION UNIT

CODE (19)		CODE (19)	
0	DB	8	P&A
1	RI	H	HB
2	SCREENING	R	PAYMENT
4	RP		RECORDS
5	SP	W	WRP
6	SI	X	SQI

EARNINGS REPORT CODES

N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1 (SURV)

CODES (16-17)	CODES (19)	CALL-UP DATE (20-24)	EXAM.		DATE COMPLETED	EXAM.
04	2	10302	AUTH	9		

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
09	SEC. 2(D) REFUND
11	INVESTIG. OF EMP. & EARN.
13	TRACE G-432
14	PROOF OF AGE
15	G-175a - G-176a - G-181a
16	SF 1184 TRACER
17	DATE OF DEATH
21	CONTINUANCE OF DISABILITY
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE
	RETIREMENT MISC.
49	
49	
49	
	SURVIVOR MISC.
99	
99	
99	

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV– NAME AND ADDRESS OF OTHERS TO BE NOTIFIED

G-660 (6-73)